

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029447

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1 AUG 3 1962

1. PLACE OF DEATH
a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KirkwoodLength of stay in 1b
28 hrs.

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph's HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3622 FolsomReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Richard

Grant

July

23,

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8/14/19299. AGE (last birthday)
32IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR.
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist10b. KIND OF BUSINESS OR INDUSTRY
Midwest Screw Products11. BIRTHPLACE (City and state or country)
Ohio12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Floyd Grant

13b. MOTHER'S MAIDEN NAME

Thelma Jones

14. NAME OF HUSBAND OR WIFE

Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war, or dates of service)
Yes Unavailable

16. SOCIAL SECURITY NO.

17. INFORMANT
Thelma Earl, Channa, Ohio.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured cervical vertebrae

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Dove into shallow water in creek

20c. TIME OF INJURY
approx. 8:00 p.m.
Month, Day, Year
7/21/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Plattin Creek 6520f. CITY, TOWN, OR LOCATION
Plattin Township

COUNTY

STATE

Jefferson Missouri

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 2:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

7/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

7-23-62

Local Cem.

Channa, Ohio.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Albert H. Hoppe, Inc., 4700 Washington Blvd.

7-23-62

James Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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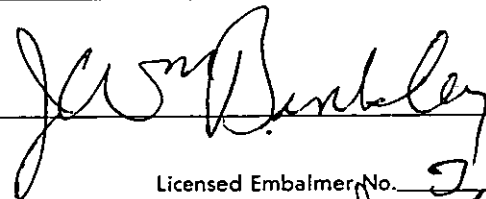
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

2053

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.